



Physical Therapy Board of California

STATE AND CONSUMER SERVICES AGENCY – EDMUND G. BROWN JR., GOVERNOR

Physical Therapy Board of California

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Internet: www.ptbc.ca.gov



CONTINUING COMPETENCY ACTIVITIES AND COURSEWORK CHECKLIST

INSTRUCTIONS: This checklist must be completed and returned to the PTBC along with copies of your proof of continuing competency coursework or activity completion. Print out multiple copies of this form if you are unable to list all of your courses in the space provided. No continuing competency activity and/or coursework credit will be given if proof of completion is not submitted to the PTBC. Please use hours when listing the number of “Hours Received”. Note that one “CEU” is equal to 10 hours.

Licensee's Name:		License Number:		For Board use ONLY Hrs to be completed between:	
Email Address:		Phone Number:			
ETHICS, LAWS AND REGULATIONS (2 hours required) CCR 1399.93 (a)					
Course Name/ Activity	Provider	Approval Agency	Date	Hrs Received	Hrs Approved
LIFE SUPPORT FOR HEALTH CARE PROFESSIONALS (4 hours required) CCR 1399.93 (b)					
Course Name/ Activity	Provider	Date	Hrs Received	Hrs Approved	
APPROVED CONTINUING COMPETENCY ACTIVITIES AND COURSES CCR 1399.94					
Course Name/ Activity	Provider	Approval Agency	Date	Hrs Received	Hrs Approved

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND COPIES OF ALL DOCUMENTS SUBMITTED WITH THE APPLICATION ARE TRUE AND CORRECT.

Sign: _____

Date: _____

OTHER APPROVED CONTINUING COMPETENCY ACTIVITIES AND COURSES					
Course Name/ Activity	Provider	Approval Agency	Date	Hrs Received	Hrs Approved
TOTAL Hours Completed (Add all hours received)					

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND COPIES OF ALL DOCUMENTS SUBMITTED WITH THE APPLICATION ARE TRUE AND CORRECT.

Sign:_____

Date:_____